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Under the Paperwork Reduction Act of	respond to a collection of information unless it displays a valid CARS control reimber.						
Effective on 12/98/	Complete if Known						
Fens pursuant to the Consolidated Approp			10/512,095-Conf. #9155				
FEE TRANS	Filing Date		October 21, 2004				
For FY 20	First Named Inventor Hag-Yon Examiner Name P. Butter		ag-Yong KIM Butter				
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		Parconst		1752 3254-0124PUS1			
TOTAL AMOUNT OF PAYMENT (S) 845.00**		Alloney Docker No.					
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
x Deposit Account Decost Account Standar, 02-2448 teposit Account Name, Birch, Stewart, Kolasch & Birch,							
For the above-identified deposit account, the Director is hereby authorized to. (check all that apply)							
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
X Charge any additional fee(s) or underpayments of X Credit any overpayments X Credit any overpayments							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FI	LING FEES SE Small Entity	ARCH FEES Small Entity	EXAMINA	ATION FEES Small Entity			
Application Type Fee (\$) Fee (\$) Fee (\$	Fee (\$)	Fee (\$)	Fee (\$)	Fees P	aid (\$)	
Utility 300	150 500	250	200	100			
Design 200	100 100	50	130	65			
Plant 200	100 300	159	160	80			
Reissue 300	150 500	250	600	300	***************************************		
Provisional 200	100 0	0	0	0			
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)							
Fee Description Each claim; over 20 (including Reissoes).						Fee (\$)	
Each independent claim over 3 (including Reissues)					200	25 100	
Multiple dependent claims					360	180	
, ,	# W	m_12.1m	**	alah Damada		100	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)			Multiple Dependent Claims Fee (5) Fee Paid (5)				
HP = highest number of total claims paid to	; if greater than 26.	*****************	ree	13)	ree Paid (S	1	
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)					AM.		
1 -3=	=						
HP = highest number of independent claims	paid for, if greater than 3.						
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small emity) for each additional 50							
shoots or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (S) Fee Paid (S)							
- 100 = 150 = (round up to a whole number) x =							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filling surcharge): 2801 Request for continued examination (RCE) (see 37 395.00 2253 Extension for response within 2 nd & 3 rd month 450.00**							
ZZO3 Extension for response within Z , \$ 3, utomb 450,000.							
SUBMITTED BY (1) SUBMIT							
Signature Pegistration No. 22,463				Telephone	aphone (7(3) 205-8000		
Name (Plint/Tyne) Joseph A. Kolasch				Chate	Date August 27, 2007		

[&]quot;First Extension Fee paid on June 26, 2007. (\$510 - \$60 = \$450)